



P. 10258

รายงานประจำปี

ของ

โรงพยาบาล แม็คคอร์ดมิก

เชียงใหม่

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**REPORT**

**OF**

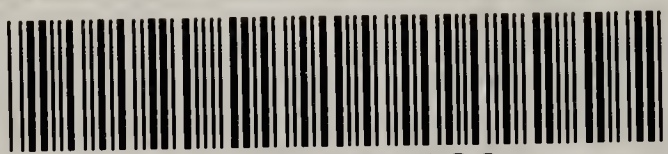
**McCORMICK HOSPITAL**

**For The Year 1926-27**

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**American Presbyterian Mission**

**CHIENGMAI, SIAM**



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**OF**  
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**For The Year 1926-27**

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**CHIENGMAI, SIAM**

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HIS MAJESTY KING PRAJADHIPOK AND H. M. QUEEN RAMBAIBARNI,  
WITH THE ROYAL PARTY, VISIT MCCORMICK HOSPITAL JANUARY 28, 1927



# THE STAFF

## General

James W. McKean, A. M., M. D. in charge of dispensaries	consultant
Edwin C. Cort, M. A., M. D. ( on leave since May 30 )	superintendent
Henry R. O'Brien, M. A., M. D. ( in language school until January 6 )	acting superintendent
Mrs. Edwin C. Cort, B. A. ( on leave since May 30 )	dietician
Moung Moung	assistant
Nai Chinda Sinhanetra	„
Nai Boon Tha Nantiya	„

## Nursing

Miss Agnes L. Barland, M. A., R. N. ( on leave since February 1 )	superintendent of nurses ; principal of training school
Miss Sadie P. Lemmon, B. S., R. N. ( in language school until September 8 )	acting superintendent and principal
Kru Civili Sinhanetra, N. A. C.	supervisor
Nang Boon Pan Sinhanetra, R. C. N.	graduate nurse
Nine student nurses	

## Evangelistic

Elder Tha Duangsuwan	evangelist
Nan Prome Pomanate	evangelist

## Business

J. Hugh McKean, B. A. ( on leave since April 5 )	business manager
James W. McKean, M. A., M. D.	acting business manager
R. Baer	accountant
Nai Muang Chai Chaininpan	head pharmacist (dispensaries)
Nai Noi Akesuwan	hospital clerk

Additional working force of the hospital September 30, 1927

pharmacist	ward maids ( 5 )	mechanical staff ( 2 )
clinical clerk	orderlies ( 4 )	laundresses ( 7 )
messenger	cooks ( 6 )	goat herders ( 5 )
carboy	coolies ( 7 )	chicken keeper

( a total of 60 in addition to the missionary force )



## GENERAL

For McCormick Hospital the year closing September 30, 1927 has been one of steady development. There have been changes and difficulties, but these have largely served but to show the solid foundation on which the work has been built.

A study of the staff list on the preceding page shows the numerous changes in missionary personnel during this period. Of those engaged in the work of the hospital at the end of the year none was so connected at the beginning. That progress was made, and disintegration did not occur, is in a large measure due to the training and loyalty of the Siamese staff. The most serious situation was created by the absence of a foreign nurse for seven months. Miss Sinhanetra, who graduated from Peking Union Medical College Training School in 1926, took over the work of superintendent of nurses and of dietitian, with oversight of the wards, kitchen, and laundry, and carried it with ability.

Socially the hospital was highly honored by the visit in January of Their Majesties the King and Queen, with a distinguished retinue. They expressed surprise and pleasure at seeing such a plant in the provinces. Both Doctor McKean and Doctor Cort received decorations during His Majesty's stay, in recognition of their medical services. A large gift was made to the mission institutions of the north. During the year His Majesty sent to McCormick directly the receipts of one of the concerts of the Royal Symphony Orchestra in Bangkok. To stand before a king and to care for the most forlorn of his subjects is the privilege of a missionary physician.

In the number of inpatients treated there was a slight decline over the figures of the year previous. Part of this was due to the exceptionally large admissions of the year before, part to the absence on furlough of the senior practitioner. However, there has been a steady growth in the hospital work, as the following table shows clearly. This has been most marked with the opening of the new McCormick, when



we began to feed the patients and to supply them with adequate nursing care. For some years past there has been a gradual decline in city calls due to the rise of the Siamese physicians in Chiengmai, in governmental and private practice. Though graduated from Siriraj Medical School before its reorganization, several of them are quite capable. As their fees are lower than ours, many citizens turn to them first, asking to have the McCormick doctors called in later if consultation is necessary. While this relieves the doctor's time from the care of many minor illnesses, conserving his strength for more serious cases, it does diminish his personal contacts and the hospital income. The clinic figures, seen in the statistical section, show a decrease in the number of patients, with an increase in the percentage of revisits. Our clinic should be larger than it is. The reopening of the municipal hospital is not the cause for the low figures; the prestige of the herb and spirit doctors is more probably the reason.

In the improvement of the quality of the work done, the hospital has maintained a steady pace. The assistants have added several laboratory tests to their reportory. Aluminum backs for the bedside charts have aided greatly in ward rounds. Three new chart forms have been adopted. Inpatient and outpatient records have received more correlation. The amount and quality of the nursing care of the individual patient has improved.

Last spring there were nine students from the school of pharmacy in Bangkok who took the government examinations. Two passed, both of them Chiengmai lads, and Christians. One is now with the municipal hospital, the other in the drug department of our hospital and dispensary, greatly strengthening it.

To Dr. A. G. Ellis of the Siriraj Medical School we are indebted for pathological diagnoses of tissues. In turn we have furnished the medical school with some specimens. Other forms

of cooperation with other institutions in Siam are enumerated later.

As these lines are written consciousness is acute that in an Asia that has seen political unrest this year in India, the Philippines, the Dutch East Indies, labor unrest in Japan, and civil war in China, this hospital has been able to do its work in a country of quietness and order, yet one of progress.

### Monthly Admissions for the Past Nine Years

	1919	1920	1921	1922	1923	1924	1925	1926	1927
January	29	33	33	31 a	57	47	49	46	68
February	41	29	44	22 a	57	51	43	72	63
March	45	37	31	24 a	63	65	38 b	68	63
April	17	28	24 a	22 a	44	45	45	66	55
May	47	48	25 a	22 a	63	61	60	81	76
June	23	41	33 a	29 a	59	73	62	70	78 a
July	36	29	19 a	34	58	58	47	93	40 a
August	28	23	25 a	47	40	59	81	63	48 a
September	40	29	24 a	44	60	56	68	82	62 a
October	33	36	20 a	63	65	76	79	70	—
November	33	34	30 a	60	54	61	61	80	—
December	13	38	18 a	36	49	39	58	59	—
	385	405	326	434	669	691	691	850	—

a. Doctor Cort absent on furlough

b. Transfer to the new hospital



## **EVANGELISTIC WORK**

Formally, this important phase of our work has been under the leadership of the two evangelists. They live in the hospital inn, which also provides accommodation for the relatives of patients. They thus have opportunity to explain to the family of the newcomer the ways and customs of the institution, to allay their fears, and to tell them of the message of Christ. At the beginning of the year they held an early morning chapel service for hospital employees, in the dining room. Later this became a prayer meeting held Thursday and Sunday evenings at the resthouse. In the wards no services have been held, but they have visited individually with the patients. The senior evangelist has studied this year in the Bible training course of the theological seminary. They have also made three trips into the country, visiting the villages of former patients, developing the interest that had been aroused here.

The nurses' training school have held their own chapel service at 7:00 A.M., led by one of their number. Their kindly, thoughtful care of the patients reinforced the active interest many of them have manifested in seeing that the patients understand the ideas the evangelists are presenting to them.

During the year eight persons were baptized as a result of the hospital work. Six of them were adults, three on our staff.

## **PUBLIC HEALTH PHASES**

It is of value to summarize the various forms of public health work which the hospital is carrying on in addition to its regular field of curative effort. The list evidently should be expanded, but a beginning is made.

1. Yearly physical examinations. So far this has been extended only to the theological seminary and to the missionary force.

2. The Sanitary Campaign of the Department of Public Health, with the cooperation of the International Health



Division of the Rockefeller Foundation, furnishes part of the drugs for the treatment of intestinal parasites, so frequent in the north. The hospital conducts the laboratory examinations and treatments without charge.

3. The Pasteur Institute of the Red Cross Society of Siam, on receipt of a telegram, sends the serum for anti-rabic treatment. The hospital administers the fifteen daily injections. This service is becoming increasingly popular.

4. As the hospital does not have the funds or the facilities for caring for pulmonary tuberculosis, uncomplicated cases are not admitted. Every effort is made to improve this opportunity for public health education, by impressing on the patient returning to his home the steps he should take to treat himself, by food, fresh air, etc., and the precautions he should exercise to prevent extension of the disease to others.

5. A beginning has been made in developing a prenatal and postnatal clinic. So far this is little appreciated. Home visitation by nurses is probably needed for its success.

6. On discharge from the hospital, patients are instructed as to diet to be followed at home, especially in the case of nephritis and beriberi. In many instances they have stayed in the hospital only the few days necessary to learn how to care for themselves at home.

7. Laboratory examinations are made for such outside physicians as request them. The timber companies send in blood slides from sick horses and elephants. The hospital thus furnishes to the community the beginning of a public health laboratory.

8. The Chiangmai Medical Society, of which the hospital superintendent is president, meets monthly, usually at the hospital. It affords a means of graduate education to all the qualified physicians of the district, some fifteen in number.

9. The education of nurses is probably our greatest contribution in the field of public health.

## NURSES TRAINING SCHOOL

Principal	Miss Agnes Barland, M. A., R. N. ( Johns Hopkins Hospital )
Acting Principal	Miss S. P. Lemmon, B. S., R. N. ( West Penn Hospital )
Supervisor	Kru Civili Sinhanetra, N. A. C. ( P. U. M. C., Peking )
Chaperone	Kru Tong Suk Bradhiphasena.

This has been a year of steady development and progress in the Training School. While no class has been graduated, one was admitted, so that the total number of three graduate and nine student nurses is the largest in the history of the hospital. This means better care of the patients.

At the same time, the incoming class represents a higher standard of preliminary education, which will make possible better classroom work in the future. Of the three new nurses two have diplomas from Dara Wittaya Academy, having finished the sixth matayom, or second year high school. The third girl was only six months short of this standard. This is probably the best prepared class entering a Siamese training school this year. With the increasing interest in nursing in Siam, it is expected that the sixth matayom will be required in the future.

The morale of the school has been good. The nurses do their work with interest and willingness, sometimes adding to their scheduled hours of duty to finish necessary tasks. The young man in training has cared for the night nursing of foreign male patients. Complications threatened in the hiatus between the departure of Miss Barland and the coming of Miss Lemmon, but the school held its poise, and the situation gave an opportunity to the two Siamese graduate nurses to show their ability. The securing of Kru Tong Suk Bradhibhasena of Bangkok as chaperone of the nurses' home has been a valuable addition.

Religiously, the nurses have maintained their daily morning chapel. All but two are Christians, but all have attended both the required chapel and voluntary Bible classes and church services, when not on duty.



The student nurses, with the assistance of some orderlies and maids, are responsible for the entire nursing care of the patients. The nurses also assist at operations, and frequently in examinations in the clinic. In the absence of sufficient supervision, there is no night duty for student nurses, but they turn out to help in deliveries and in emergency operations.

During the year minor repairs and improvements were made at the Nurses' Home; lack of funds prevents others. A new building in a more retired location is the most urgent need of the hospital.

Of the 1926 alumnae, one is taking further work in the Philippines, the other is on our staff. Both have certificates of the Red Cross Society of Siam.

### **Faculty**

At the first of the year

Miss Agnes Barland  
Mrs. E. C. Cort  
Dr. E. C. Cort

At the end of the year

Miss S. P. Lemmon  
Mrs. J. W. McKean  
Kru Civili Sinhanetra  
Dr. H. R. O'Brien

### **Student Body**

#### **Third Year**

Chao Vongse Chantira Na Chiengmai (Chiengmai), Dara Wittaya Academy, Chiengmai

N. S. Pranie Suwadhi (Bangkok), Benjama Rajadis School, Bangkok

Nai Chandee Srituma (Chiengmai), Prince Royal's College, Chiengmai

#### **Second Year**

N. S. Tongmuan Sukacharatt (Bangkok), Wattana Wittaya Academy, Bangkok

N. S. Fong Chantira Tavera (Prae), Dara Wittaya Academy, Chiengmai

N. S. Omyai (Bangkok), Wattana Wittaya Academy, Bangkok

#### **First Year**

N. S. Boa Khieo Nantah (Nan), Dara Wittaya Academy, Chiengmai

N. S. Cham Chan Indravudh (Chiengmai), D. W. A., Chiengmai

N. S. Sree Pan Chaininpan (Chiengmai), D. W. A. „



## **THE HOSPITAL PLANT**

This was described in detail in last year's report. The map on the opposite page gives a clearer view of the extent and arrangement of the main plant. Three dispensaries are scattered about the town, and the goat farm is some miles away, at the foot of the mountain.

Early this year an additional building was completed in the main hospital compound. This is a ward for Buddhist priests, a graceful one story frame structure with characteristic Siamese temple architecture. It has its own shower bath and toilet, and accommodates two beds. It is the gift of Luang Anusarn Soontan, a leading merchant of Chiangmai.

In March work was begun on a larger building, the gift of the same friend. The new maternity ward is of ferro-concrete, and of one story, but so constructed as to permit the addition of a second floor in the future. It has space for eight mothers, with labor, sterilizing, and delivery rooms, a nursery, a room for bathing babies, a service room, and shower bath and toilet rooms. It will be completed during the coming year, and should cause our maternity work to expand greatly.

Minor repairs have been made. Venetian blinds were placed in most of the private rooms. Toilets with septic tanks were installed for the labor force and at the resthouse. The women's ward was given more privacy.

During the year the foundation has been dug and brick prepared for the new McClanahan Health Center in the heart of the city. Construction will begin shortly.

## **HOSPITAL CHARGES**

Because the hospital asks many patients to pay something for their care, there is some misunderstanding of our position. Recently a prominent lady of Chiangmai inquired if there were any free beds. A government physician in a remote district



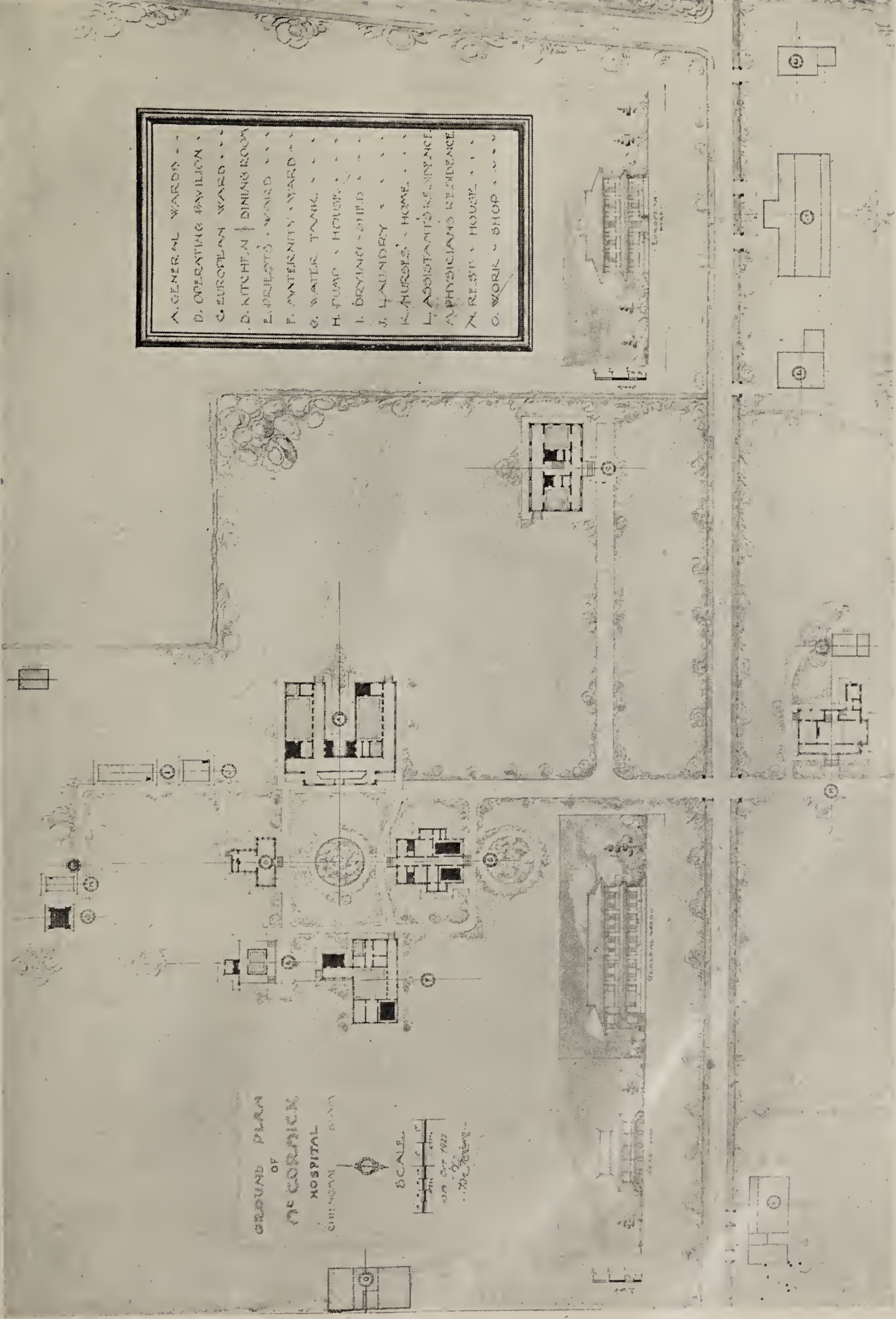
GROUND PLAN  
OF  
McCORMICK  
HOSPITAL  
CHICAGO, ILL.

SCALE



1927  
By  
The Architects

- A. GENERAL WARD
- B. OPERATING BAVILION
- C. EUROPEAN WARD
- D. KITCHEN & DINING ROOM
- E. PRIVATE WARD
- F. ANTERITY WARD
- G. WATER TANK
- H. PUMP HOUSE
- I. DRYING SHED
- J. LAUNDRY
- K. NURSES HOME
- L. ASSISTANT'S RESIDENCE
- M. PHYSICIAN'S RESIDENCE
- N. REST HOUSE
- O. WORK SHOP







volunteered to send his wealthy patients to us. The reply in the one case was that about one third of the patients in the hospital were being treated free; in the other, that any patient needing hospital care and treatment would be welcome, whether he had money or not.

Like other mission hospitals in Siam, McCormick is self-supporting. It gets from abroad only the salaries of the missionaries on its staff, and some supplies from guild societies. It receives no appropriation at all from the Board of Foreign Missions. There is no grant in aid from the Government, and no endowment. It cost Tcs. 37,000 to conduct the hospital last year, to pay the local staff, feed the patients, buy drugs. etc. This amount was raised in Chiangmai in three ways, moderate profits on the sale of drugs, the fees of hospital patients, and the fees from outside calls.

Patients among the nobility and merchants who drive six cylinder cars receive good medical service, and are charged appropriate fees. They understand that any surplus is expended in helping poorer neighbors. Any really poor person in distress can always get needed care in this institution, without charge. The Chiangmai Municipal Hospital, like other municipal hospitals the world over, does not receive free of charge patients living without the city limits. We are therefore the only hope of penniless sick over hundreds of square miles of northern Siam. With persons of moderate means, the proportion of the regular ward fees which they are able to pay is determined in conference between them and a Siamese Christian of wide acquaintance in the city and long experience in the hospital. This method seems the fairest both to the individual and in the hospital.

The specific forms of medical service rendered without charge may be itemized as follows:

1. During the period of this report 161 of a total of 851 patients were treated without any charge at all. They were in the hospital a total of 4,997 days, 28.7% of the total.

2. Many other patients cannot pay all that it costs for treatment. The balance is provided free, though they cannot be classed as free patients.

3. No charge is made for examinations in the clinic, unless the patient is obviously well to do. This examination frequently includes considerable laboratory work.

4. Some medicines are given free, and outpatient dressings.

5. No charge is made for anti-rabic injections. Any money received is forwarded to the Pasteur Institute.

6. No charge is made for treatment for hookworm, round-worm, etc. This is in cooperation with the Department of Public Health, which furnishes part of the drugs.

7. Small pox vaccinations are performed without charge.

8. Some home calls are made free.

### **GIFTS TO McCORMICK HOSPITAL**

Concert by the Royal Symphony Orchestra, Bangkok	Tcs. 210.00
H. R. H. Prince Mahidol Songkla	
Continuance of the support of Dr. H. R. O'Brien	
Luang Anusarn Soontan	Priests' Ward, Rs. 2,606.09
Miss Mildred M. Armstrong, for a bed	\$ 40.00
Nang Sao Pim	Tcs. 23.00
Guilds of the Washington (Pa.) Presbytery	
	Surgical and general hospital supplies
Tabernacle Presbyterian Church, Indianapolis	Surgical supplies



## STATISTICS

(Covering the period from September 16, 1926 through September 30, 1927)

### Hospital

Results :—

Discharged	810
Cured	559
Improved	158
Not improved	18
Not treated	5
Died	71
( Of these 10 died within 24 hours, leaving a corrected death rate of 61/800, or 7.6% )	
Still in the hospital	41
Total in-patients treated during the year	851
Total number of hospital days	17,392
Hospital beds	84
Average stay in the hospital of the 810 patients discharged during the year	21.2 days

### Clinic Section

Patients treated	1,739
Revisits	1,517
Total number of treatments	3,256
Minor operations	52
Surgical dressings	409
Injections	248
Persons given antirabic treatment	7

### Outside Practice

Number of outside calls	609
Country calls	30
Outside deliveries	9

### Distribution by Race of Patients Admitted During the Year

Siamese	629	Chinese	65
European and American	18	Burmese	7
Indian	25	Kamoo	44
Shan	3	Karen	7
Haw	2	Japanese	2
Total	802		



## A. MEDICAL SERVICE

	Cured	Im- proved	Not Imp.	Not Treated	Died
<b>Specific Infectious Diseases</b>					
<b>(a) Bacterial</b>					
Gonorrheal					
Arthritis	2	2			
Conjunctivitis	4	2			
Epididymitis	2				
Pelvic inflammatory disease	7	1			
Urethritis	2	2			
Vaginitis	2	3			
Leprosy				1	
Pertussis	1				
Tetanus			1		
Tuberculosis					
Pulmonary		3			3
Spine		1			
Typhoid and paratyphoid	10				4
(Note: 2 with hemorrhage recovered, 2 died)					
<b>(b) Protozoan infections</b>					
Amebiasis	3				1
Amebic hepatitis	13	2			
Dysentery					
Amebic	24	3			3
Bacillary	1	1			1
Balantidium coli					1
Flagellate	1				
Hemoglobinuric fever	2				
Malaria					
Subtertian					
Cerebral (coma)	1				1
Algid	1				1
General					2
Mixed or unclassified	53	3			1
Splenomegaly	3	5			
Syphilis					
Congenital					1
Gumma of brain		1			
Hemiplegia					1
Iritis and retinitis	1	1			
Keratitis	1				
Tabes dorsalis		1			
Taboparesis		1			
General	2	2			
<b>(c) Metazoan infection</b>					
Ascariasis, uncinariasis, and mixed	6	1			
<b>(d) Other infectious diseases</b>					
Arthritis, chronic	3	3			

	Cured	Im- proved	Not Imp.	Not Treated	Died
Elephantiasis				1	
Erysipelas	1				
Puerperal sepsis	1				
Rheumatic fever, acute	2				
Septicemia					1
<b>Diseases of the Digestive System</b>					
Appendicitis	4	1			
Constipation, chronic		1			
Carcinoma of liver					1*
Catarrhal jaundice	1				
Cirrhosis of liver					1
Diarrhea, acute indigestion	1				
Enterocolitis of infants	2				
Gastric ulcer			1		
Gastritis	3				
Hepatitis, not amebic	1				
Mucous colitis	5	2			1
Obstruction of common duct	1	1			
*Postmortem and section reports					
<b>Diseases of the Respiratory System</b>					
Asthma		2			
Bronchitis	5	2			
Bronchospirochetosis	1	2			
Bronchopneumonia					
Two years of age and under	8				3
Over two years of age	7	1			2
Influenza	6				
Laryngitis, acute membranous (non-diphtheritic)					1
Lobar pneumonia	4				3
Pharyngitis	1				
Pleurisy with effusion	1				
<b>Diseases of the Blood and Circulatory System</b>					
Heart, functional	1	1			1
Heart, valvular	1	8			2
Purpura hemorrhagica					3
<b>Deficiency Diseases</b>					
Beriberi	4	3	1		
Scurvy		1			
Xerophthalmia	2				
<b>Diseases of the Endocrine Glands</b>					
Diabetes mellitus		2			
Diabetes insipidus		1			
Hyperthyroidism		2			



	Cured	Im- proved	Not Imp.	Not Treated	Died
<b>Diseases of the Nervous System</b>					
Epilepsy		1			
Hemiplegia	1	2	1		
Hysteria	1				
<b>Miscellaneous</b>					
Conjunctivitis, acute	1	1			
Corneal ulcer	1	1			
Cystitis	6	4			
Eczema	4				
Endometritis		2			
Feeding case	4				
Glaucoma, chronic		1			
Malnutrition	5	1			2
Nephritis					
Acute	8	6	2		
Chronic	1	19	1		5
New born infant	5	2			1
Poisoning, chemical					
Chenopodium	1				
Croton seed	1				
Iodoform	1				
Neosalvarsan	1				

## B. SURGICAL SERVICE

### Operations

	Anaesthetic		
	General	Local	None
<b>Eye</b>			
Cyst of eyelid, excision		1	
Fibroma pendulum of lid, excision		1	
Foreign body, removal		1	
Iridectomy		1	
Stye, incision	1	1	
<b>Ear, Nose, and Throat</b>			
Abscess of external ear, incision and drainage		1	1
Acquired atresia of anterior nares, puncture	2		
Foreign bodies, extraction			
Esophagus	3		2
External auditory canal	3		
Nares			2
Keloid of ear		2	
Polyp, nasal, snared	1		1
Puncture for earrings			10
Sebaceous cyst of ear, excision		1	

	Anaesthetic		
	General	Local	None
<b>Ear, Nose, and Throat</b>			
Tonsillectomy	19		
Tonsillo-adenoidectomy	6		
Tracheotomy, for acute membranous laryngitis	1		
<b>Head and Neck</b>			
Abscess, incision and drainage			
Cervical	2	1	
Cheek	1		
Jaw	1		
Occiput		2	
Parotid	1	1	
Submaxillary	2		
Adenitis, cervical, tubercular, excision	1		
Carbuncle of neck, incision and drainage	1		
Carcinoma of neck	1		
Cebaceous cyst of of scalp, excision	1		
Chronic abscess of thyroid gland, excision	1		
Hair lip, plastic repair	4		
Fibroma of parotid gland, excision	1		
Hairy nevus of scalp, excision	1		
Hemangioma of hard palate, excision	1		
Osteomyelitis, removal of sequestrum			
Mandible	2		
Maxilla			1
<b>Chest</b>			
Abscess of the breast, incision and drainage		4	
Bony callus of clavicle, resection	1		
Carcinoma of breast, biopsy		1	
Cyst of mammary gland in male, excision		1	
Empyema, aspiration	1		2
Thoracotomy	1	1	
Pleurisy with effusion, aspiration		2	1
<b>Abdomen</b>			
Abscess of abdominal wall, incision and drainage	2		2
Abscess of liver, aspiration		1	
Ascites, aspiration			13
Laparotomy			
Appendectomy	17		
Appendiceal abscess, incision and drainage	5		
Exploratory, retro-peritoneal hernia	1		
Inguinal herniotomy	2		
Splenectomy	1		
Psoas abscess, incision and drainage	1		



	Anaesthesia		
	General	Local	None
<b>Back and Buttock</b>			
Abscess of back, incision and drainage	1	1	
Carbuncle, incision and drainage			
Back	1	1	
Buttock	1		
Lipoma of back, excision		2	
Spinal puncture for serum injection	1		
<b>Rectum and Anus</b>			
Abscess, incision and drainage			
Anus		1	
Para-rectal		1*	
Pararectal with fistula in ano	1		
Fistula in ano, incision	2		
Granulation tissue of anus, curettage		1*	
Hemorrhoidectomy	2	1*	
Pararectal nevus, excision		1*	
Rectal polyp, resection	1		
*Caudal anaesthesia			
<b>Upper Extremity</b>			
Abscess, incision and drainage			
Arm		2	3
Axilla	2		1
Finger	3	2	5
Hand	2	5	4
Amputation			
Arm, multiple infected ulcers	1		
Forearm, leprous	1		
Finger, obliterating endarteritis, dry			
gangrene	1		
Osteomyelitis	1		
Dog bite of hand, cauterization	1		
Dislocation of shoulder, reduction	1		
Foreign body of hand, removal		1	
Incised wound of hand, primary closure	2		
Fracture			
Colles			1
Ulna	1		
Hemorrhage, secondary, following			
explosion, ligation radial artery	1		
Gonorrheal arthritis of elbow joint, relaxation	1		
Osteomyelitis of hand, curettage			
and removal of sequestra	3		
Plastic			
Claw hand, repair	1		
Flexion scar of finger excision and			
Tiersch skin grafting	1		

	Anaesthetic		
	General	Local	None
Granulating wound of arm, secondary closure	1	1	
Granulating wound of finger, Tiersch skin grafting		1	
<b>Lower Extremity</b>			
Abscess, incision and drainage			
Femoral	2	1	
Foot	6	1	1
Hip	1		
Leg	5	2	1
Suprapatellar	1		
Thigh	5	1	
Amputation			
Leg	1		
Little toe	1		
Cyst of tendon sheath (knee joint), excision	1		
Fibromata of leg, excision		1	
Foreign body of foot, removal	4	1	
Fracture, compound, of tibia	1		
Incised wound of leg, suture			1
Ingrowing toenail, excision		1	
Laceration of leg, debridement	1		
Foot, debridement	1		
Malignant degeneration of skin of leg, excision	1		
Plastic			
Contracture, stretching			
Knee	1		
Leg and hip	1		
Granulating wound, pinch graft			
Thigh		1	
Foot		1	
Granulating wound of leg, secondary closure	2		
Osteomyelitis chronic, of thigh, curettage	2		
Leg, curettage	2		
Popliteal abscess, aspiration	1		
Popliteal carbuncle, incision and drainage	1		
Sebaceous cyst, excision			
Leg			1
Sole	1		
Ulcer of foot, curettage	1		



	Anaesthetic		
	General	Local	None
<b>Gynecological</b>			
Abscess of broad ligament, incision and drainage thru vagina	1		
Chronic endocervicitis, biopsy	1		
Condyloma acuminate of vulva, excision	2		
Endometritis, dilatation and curettage	1		
Exploratory laparotomy, ovarian cyst with general carcinomatosis of abdomen	1		
Intrauterine polyp, eversion with gangrene, excision	1		
Foreign body in vagina, removal	1		
Ovarian cyst, excision	4		
Recto-vaginal fistula, plastic repair	1		
Stricture of vagina, manual dilatation	1		
Uterine suspension	2		
Vesico-vaginal fistula, plastic repair	1		
<b>Genito-Urinary</b>			
Abscess, incision and drainage			
Perineum	4		
Scrotum	1		
Poupart's ligament		1	
Perinephric	1		
Cystitis, sounding and lavage	2		
Bladder fistula in anterior wall, curettage	1		1
Cystoscopy		2	
Cystotomy, suprapubic			
Vesical calculus	47	5	
Postoperative hemorrhage	1		
Ruptured bladder	1		
Traumatic stricture of urethra	2		
Vesical calculus with extravasation of urine	1		
Cystotomy, perineal, for urethral calculus	1		
Lithopaxy	9		1
Meatotomy	1		
Nephrectomy (pyelonephrosis)	1		
Nephrectomy (nephrolithiasis)	1		
Orchidectomy	1	1	
Phimosis, circumcision	18	2	
Phimosis, with infection, dorsal slit	2	3	
Urethral repair, following cancer operation	1		
„ stricture, traumatic, dilatation	2	1	
„ „ gonorrheal, dilatation	2		
„ „ cause not stated, dilatation			1
Urethrotomy, external, for urethral calculus	7	2	2

### Surgical Cases Not Operated

	Cured	Im- proved	Not Imp.	Not Treated	Died
Abrasion, chest wall	1				
Burn, third degree					1
Carcinoma of prostate			1		
Stomach			1		
Cerebral concussion		1			
Cervical adenitis			1		
Contusion of spleen	1				
Epithelioma of tonsil		1			
Fracture					
Base of skull		1			
Humerus, old intercondylar				1	
Pelvis					1
Rib	1				
Gunshot wound of abdomen	1				
Hemothorax	1				
Lymphangitis of leg		1			
Mastoiditis, acute			1		
Otitis media, purulent, acute	1				
Chronic		1			
Subacute	1	1			
Pyelonephritis, primary	1	1			
Ulcers					
Leg and foot	4	2			
Perineal			1		

### C. OBSTETRICAL SERVICE

	Anaesthesia General	None
<b>Within The Hospital</b>		
Abortion, packed vagina		1
Incomplete abortion, hemorrhage, dilatation and curettage		1
Instrumental delivery	6	
Miscarriage		1
Normal delivery (one stillbirth, one premature)	3	6
Placenta previa, manual dilatation, podalic version	1	
Pubiotomy	1	
Retained placenta, dilatation and curettage	3	
Shoulder presentation, amputation of neck	3	
<b>Obstetrical Calls Outside The Hospital</b>		
Born on arrival		1
Instrumental delivery	1	
Normal deliveries	7	

## D. DENTAL SERVICE

	Anaesthesia		
	General	Local	None
Abscess, incision and drainage	2	2	1
Extraction	7	37	10
Filling, temporary			2
Total operative procedures with			
General anaesthesia		330	
Caudal		4	
Local		109	
Without anaesthetic		70	
	<b>Total</b>	<b>523</b>	

## LABORATORY REPORT

Urine examinations	1,454
Stool examinations	1,027
Blood examinations	
For malaria	42
White blood cell counts	31
Hemoglobin estimations	32
Red blood cell counts	3
For filaria	2
For leprosy	6
Veterinary for surra and anthrax	6
Pus smears	154
Skin scrapings	3
Sputum	126
Spinal fluid	2
Ascitic fluid	8
	<b>Total</b>
	2,896
Autopsies	8

## FINANCIAL STATEMENT

For the year October 1, 1926 to September 30, 1927

### McCormick Hospital

#### RECEIPTS :

Hospital	Tcs. 31,109.60
Calls	„ 4,411.90
Clinic	„ 2,215.09
	<hr/>

Tcs. 37,736.59

#### EXPENDITURES :

Wages	Tcs. 12,806.23
Food	„ 9,746.32
Medicines	„ 6,531.78
Travel (oil, gas etc.)	„ 1,692.27
Sundries	„ 4,445.48
Balance, cash on hand	„ 2,514.51
	<hr/>

September 30, 1927

Tcs. 37,736.59



### Chiengmai Dispensary

#### RECEIPTS :

Sales Tcs. 23,127.68

Tcs. 23,127.68

#### EXPENDITURES :

Wages Tcs. 2,933.92

Medicines „ 12,791.75

Sundries „ 3,453.81

Balance, cash on hand „ 3,948.20

September 30, 1927

Tcs. 23,127.68

### Homes of 1000 Patients Admitted in 1926-27

#### Changwat Chiengmai

Aumphur Muang	544
„ Sankampang	46
„ Sanmahapone	17
„ Sarapee	64
„ Hang Dong	33
„ San Sai	24
„ Maa Rim	29
„ Doi Saket	29
„ Muang Prao	8
„ Ban Maa	34
„ Chom Tong	5
„ Muang Fang	4
„ Samerng	3
„ Chang Kerng	1

#### Changwat Lampoon

Aumphur Muang	56
„ Pak Bong	17
Changwat Mehongsorn	5
„ Lampang	44
„ Chiengrai	20
„ Prae	10
Kentung ( Shan States )	1
Raheng	2
Utraradit	1
Pitsanuloke	1
Bangkok	4

Total 1000







